

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Alice Patino				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Mayor				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE	ZIP
2624 Airpark Drive		Santa Maria	CA	93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE
CALIFORNIA
FORM 460

Statement covers period

from 01/01/2022

through 06/30/2022

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2024

I.D. NUMBER

1342332

Contributions Received

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	\$	0.00	\$	0.00
2. Loans Received	Schedule B, Line 3		0.00		0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	0.00	\$	0.00
4. Nonmonetary Contributions	Schedule C, Line 3		0.00		0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	0.00	\$	0.00

1/1 through 6/30 7/1 to Date

20. Contributions
Received \$

21. Expenditures
Made \$

Expenditures Made

Expenditure Limit Summary for State Candidates

6. Payments Made	Schedule E, Line 4	\$	434.10	\$	434.10
7. Loans Made	Schedule H, Line 3		0.00		0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	434.10	\$	434.10
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		0.00		0.00
10. Nonmonetary Adjustment	Schedule C, Line 3		0.00		0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	434.10	\$	434.10

22. Cumulative Expenditures Made*
(If subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

Total to Date

/ / \$

/ / \$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$	15,768.74
13. Cash Receipts	Column A, Line 3 above		0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4		0.00
15. Cash Payments	Column A, Line 8 above		434.10
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	15,334.64

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	0.00
------------------------------	--------------------	----	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$	0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	0.00

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period

from 01/01/2022

through 06/30/2022

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2024

I.D. NUMBER

1342332

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| UT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO		Accounting	434.10

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

434.10

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 434.10
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 434.10